

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee

Committee to Elect Bill Gowan

Address

Box 644 Clinton Ms. 39056

Telephone

601-373-5000

Fax

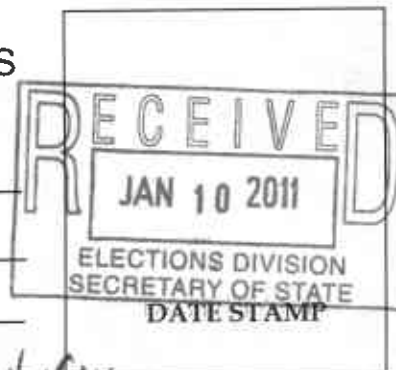
601-372-9405

Treasurer

Dick Withers

Email

dwithers@withers-law.com



Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☐ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$10,103 ³³ + \$5,500 ⁰⁰	\$15,603 ³³	\$75,582 ³³
Total amount of disbursements	\$57,207 ⁹⁵	\$57,207 ⁹⁵	\$72,875 ⁷⁹
Total amount of cash on hand		\$2,706 ⁵⁴	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1-10-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate Ann Marie to Elect Paul Gowan
 Address Box 644 Clinton, MS 39056 County Hinds
 Telephone Work 601-260-5399 Home 601-948-8069 Fax —
 Contact Name Dick Withers Email Address DWithers@witherslawfirm.com
 Office Sought Circuit Judge 7th Dist 4th Subdistrict

DATE STAMP

☐ Check here if above is different from previous report

☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 10,103 ³³ \$ 5,500 ⁰⁰	\$ 15603 ³³	\$ 15,582 ³³
Total amount of disbursements	\$ 57207 ⁸⁵	\$ 57207 ⁸⁵	\$ 12,875 ⁷⁹
Total amount of cash on hand		\$ 2,706 ⁵⁴	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William A. Gowan
Signature of Candidate

1-10-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee William Gowan
 Reporting period Oct 1 through 1231 - 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mid South Trading Co. Inc.</u>	<u>10/4/10</u>	\$ <u>500</u>
Mailing Address <u>Bx 5373</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Jackson, Ms.</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u></u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>oil investments</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Bullock</u>	<u>10/5/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>421 Reynolds Rd.</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Clinton Ms 39056</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Hinds County</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>training officer</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>King & Spencer Attys</u>	<u>10/9/10</u>	\$ <u>250</u>
Mailing Address <u>Bx 4123</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Jackson, Ms. 39205</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Christie E. Ogden</u>	<u>10/13/10</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>1700 Sheffield Dr.</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Jackson Ms.</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>Don Evans</u>	<u>1</u> <u>1</u>	\$
Occupation (Required) <u>para legal</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>

Name of Candidate or Committee William Brown
 Reporting period Oct. 1 through 12-31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ray H. Parker</u>	<u>10/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>2820 Yarrow Green Rd.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Bilton, Ms. 39041</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Investments</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald L. Smith</u>	<u>10/14/10</u>	\$ <u>300.00</u>
Mailing Address <u>801 E. Fortification St.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, Ms. 39202</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chad Mack</u>	<u>10/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>1110 Poplar Blvd</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, Ms.</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kenneth Odinet, MD</u>	<u>10/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>501 W. St Mary Blvd Ste 514</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Lafayette, La 70506</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee _____

Reporting period Oct. 1 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Turnbow Properties, Inc.</u>	<u>10/18/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1012 University #02.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Oxford, Ms. 38655</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Real Estate Investments</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas G. Hixm</u>	<u>10/21/10</u>	\$ <u>1,000</u>
Mailing Address <u>149 Woodmont Way</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Ridgeland, Ms. 39157</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Investments</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William B. Kirksey</u>	<u>10/21/10</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>Box 33</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Durham, Ms. 39205</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Milner & Nixon PLLC</u>	<u>10/22/10</u>	\$ <u>203³⁰</u>
Mailing Address <u>Box 2256</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Clinton, Ms. 39060</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>203³⁰</u>

Name of Candidate or Committee _____

Reporting period Oct 1 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. Connor McAllister</u>		<u>10/22/10</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>7600 Seward</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>458⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

600370

Name of Candidate or Committee Committee to Elect Bill Grier Page 5 of 6
 Reporting period 10-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Gates</u>	<u>10/29/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>134 Woodmon Hwy</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Ridgeland Ms. 39157</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1 1</u>	\$
Occupation (Required) <u>Oil investments</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Don Evans</u>	<u>11/1/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>500 E. Capital St.</u>	<u>9/21/10</u>	\$ <u>600⁰⁰</u>
City, State, Zip Code <u>Jackson, Ms 39201</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1 1</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>850⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Matthew Poole</u>	<u>11/4/10</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>16 North Town Dr. Suite 206</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Jackson, Ms. 39211</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1 1</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Physicians PAC</u>	<u>11/15/10</u>	\$ <u>2,500⁰⁰</u>
Mailing Address <u>70 Bar Montgomery - Bof 1039</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Clinton, Ms 39046</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1 1</u>	\$
Occupation (Required) <u>Political Action Comm.</u>	Aggregate year-to-date	\$ <u>2,500⁰⁰</u>

Name of Candidate or Committee

Committee to Elect Bud Grimes

Page

of

Reporting period 10-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ms. Realtors Pac		12/16/11	\$ 500.00
Mailing Address Box 321000		1/1/11	\$
City, State, Zip Code Flowood, Ms. 39832		1/1/11	\$
Name of Employer (Required)		1/1/11	\$
Occupation (Required) Political Action Committee		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Greenfield Hedge & Stennis PLLC		11/15/10	\$ 500.00
Mailing Address 1659 Linda Dr.		1/1/11	\$
City, State, Zip Code Jackson Ms. 39211		1/1/11	\$
Name of Employer (Required) Self		1/1/11	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/11	\$
Mailing Address		1/1/11	\$
City, State, Zip Code		1/1/11	\$
Name of Employer (Required)		1/1/11	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/11	\$
Mailing Address		1/1/11	\$
City, State, Zip Code		1/1/11	\$
Name of Employer (Required)		1/1/11	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee William Gowan
Reporting period 10-1-2010 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Steve Pickett aka Pickett Printing</u>	<u>10/1/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>3685 McFarland Rd.</u>	<u>10/1/10</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code <u>Raymond, Ms.</u>	<u>10/8/10</u>	\$ <u>500⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
/		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10/14/10</u>	\$ <u>165⁵⁷</u>
City, State, Zip Code	<u>10/19/10</u>	\$ <u>500⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
/		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10/19/10</u>	\$ <u>450⁰⁰</u>
City, State, Zip Code	<u>10/21/10</u>	\$ <u>500⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>7443⁷²</u>
/		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Kroger</u>	<u>10/1/10</u>	\$ <u>135⁹³</u>
Mailing Address <u>155 North</u>	<u>10/1/10</u>	\$
City, State, Zip Code <u>Jackson, Ms. 39211</u>	<u>10/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>135⁹³</u>
/		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bryan Banner</u>	<u>10/1/10</u>	\$ <u>210⁰⁰</u>
Mailing Address <u>5032 Terry Rd.</u>	<u>10/1/10</u>	\$
City, State, Zip Code <u>Bryant, Ms. 39212</u>	<u>10/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>345⁰⁰</u>
/		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Irish Frog</u>	<u>10/5/10</u>	\$ <u>237⁵⁰</u>
Mailing Address <u>Springdale Rd.</u>	<u>10/5/10</u>	\$
City, State, Zip Code <u>Clinton, Ms. 39056</u>	<u>10/5/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>237⁵⁰</u>

Name of Candidate or Committee William Egan
 Reporting period 10-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>Coffee News.</u>	Date (Mo., Day, Year) <u>10/6/10</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address <u>Clinton, Ms. 39056</u>	<u>10/6/10</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code <u>Clinton, Ms. 39056</u>	<u>10/6/10</u>	\$ <u>250⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
B. Full name <u>Fernandez Creative</u>	Date (Mo., Day, Year) <u>10/12/10</u>	Amount of each disbursement this period \$ <u>415⁰⁰</u>
Mailing Address <u>200 Commerce St.</u>	<u>10/12/10</u>	\$ <u>415⁰⁰</u>
City, State, Zip Code <u>Jackson, Ms. 39205</u>	<u>10/12/10</u>	\$ <u>415⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>415⁰⁰</u>
C. Full name <u>Lamay Outdoor Signs</u>	Date (Mo., Day, Year) <u>10/12/10</u>	Amount of each disbursement this period \$ <u>1800⁰⁰</u>
Mailing Address <u>405 Country Place Parkway</u>	<u>10/12/10</u>	\$ <u>1800⁰⁰</u>
City, State, Zip Code <u>Jackson, Ms. 39208</u>	<u>10/12/10</u>	\$ <u>1800⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>6547⁰⁰</u>
D. Full name <u>WLBT</u>	Date (Mo., Day, Year) <u>10/18/10</u>	Amount of each disbursement this period \$ <u>11,360²⁹</u>
Mailing Address <u>715 Kippoon St.</u>	<u>10/18/10</u>	\$ <u>11,360²⁹</u>
City, State, Zip Code <u>Jackson, Ms.</u>	<u>10/20/10</u>	\$ <u>728²¹</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>12088⁵⁰</u>
E. Full name <u>Comcast</u>	Date (Mo., Day, Year) <u>10/18/10</u>	Amount of each disbursement this period \$ <u>7,316⁸⁰</u>
Mailing Address <u>155 Lantase Rd.</u>	<u>10/18/10</u>	\$ <u>7,316⁸⁰</u>
City, State, Zip Code <u>Jackson, Ms. 39211</u>	<u>10/18/10</u>	\$ <u>7,316⁸⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>7316⁸⁰</u>
F. Full name <u>USPS</u>	Date (Mo., Day, Year) <u>10/19/10</u>	Amount of each disbursement this period \$ <u>1000⁰⁰</u>
Mailing Address <u>Jackson, Ms.</u>	<u>10/19/10</u>	\$ <u>1000⁰⁰</u>
City, State, Zip Code <u>Jackson, Ms.</u>	<u>10/19/10</u>	\$ <u>222⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3022⁰⁰</u>

Name of Candidate or Committee William Weaver
 Reporting period 10-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	<u>Clear Channel Broadcasting</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1375 Beasley Rd.</u>	<u>10/21/10</u>	\$ <u>5,488.45</u>
City, State, Zip Code	<u>Jackson, Ms 39214</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>5,488.45</u>
B. Full name	<u>Clarion Lydger</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>201 S. Congress St.</u>	<u>10/22/10</u>	\$ <u>450.00</u>
City, State, Zip Code	<u>Jackson, Ms. 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>450.00</u>
C. Full name	<u>WAPT</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>7616 Channel 16 Way</u>	<u>10/22/10</u>	\$ <u>6,141.25</u>
City, State, Zip Code	<u>Jackson, Ms.</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>6,141.25</u>
D. Full name	<u>WSTV</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1820 TV Road</u>	<u>10/22/10</u>	\$ <u>5,746.00</u>
City, State, Zip Code	<u>Jackson, Ms</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>5,746.00</u>
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Committee to Elect Bill Gowan

Reporting period

10-1-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>Hinds County Gazette</u>	Date (Mo., Day, Year) <u>10/26/10</u>	Amount of each disbursement this period \$ <u>448⁸⁸</u>
Mailing Address		\$
City, State, Zip Code <u>Raymond, Ms.</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>448⁸⁸</u>
B. Full name <u>Steve Dickert</u>	Date (Mo., Day, Year) <u>10/26/10</u>	Amount of each disbursement this period \$ <u>700⁰⁰</u>
Mailing Address <u>3685 McFarland Rd.</u>		\$ <u>500⁰⁰</u>
City, State, Zip Code <u>Raymond, Ms.</u>	<u>10/29/10</u> <u>11-16-10</u>	<u>1432⁴⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>10,076¹²</u>
C. Full name <u>Hall & Halls</u>	Date (Mo., Day, Year) <u>11/2/10</u>	Amount of each disbursement this period \$ <u>586³²</u>
Mailing Address <u>Commerce St.</u>		\$
City, State, Zip Code <u>Jackson, Ms 39205</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,129¹⁷</u>
D. Full name <u>Loan Portland</u>	Date (Mo., Day, Year) <u>11/2/10</u>	Amount of each disbursement this period \$ <u>25⁰⁰</u>
Mailing Address <u>252 Austin Cir.</u>		\$ <u>1000⁰⁰</u>
City, State, Zip Code <u>Byram 39272</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1025⁰⁰</u>
E. Full name <u>Chellinger & Lee Attys</u>	Date (Mo., Day, Year) <u>11/16/10</u>	Amount of each disbursement this period \$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 23188</u>		\$
City, State, Zip Code <u>Jackson, Ms 39225-3188</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
F. Full name <u>Shettee Gowan</u>	Date (Mo., Day, Year) <u>11/16/10</u>	Amount of each disbursement this period \$ <u>3000⁰⁰</u>
Mailing Address <u>113 Poplar Blvd.</u>		\$
City, State, Zip Code <u>Jackson, Ms. 39202</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,000⁰⁰</u>

Name of Candidate or Committee

Committee Sent Bill Gower

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Reporting period

10-1-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Postal Service	10/26/10	\$ 750 ⁰⁰
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harvey Dallas Printing	10/26/10	\$ 1,848.25
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,848.25
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WMPR - Radio	10/26/10	\$ 1,000 ⁰⁰
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$